

# APPLICATION TO CONDUCT A LOTTERY / RAFFLE

**FEE: \$10.00 PER RAFFLE (NOTE: If Raffle is for 1 entire year it is one \$10 fee)**

**(5% Tax on Gross Proceeds; Report Due No Later than 60 Days after the Conclusion of Lottery/Raffle)**

**RETURN TO:**

City Clerk's Office

555 S. 10<sup>th</sup> St.

Lincoln NE 68508

**LMC Chapter 9.32**

**PLEASE SUBMIT AT LEAST 3 WEEKS IN ADVANCE.**

**Please PRINT using blue or black ink only.**

**PLEASE CIRCLE ONE:**

**LOTTERY**

**RAFFLE**

APPLICANT					
NAME:					
ADDRESS:					
CITY:				STATE:	
ZIP:		PHONE#:		FAX#:	

ORGANIZATION ( <i>HEADQUARTERS ADDRESS</i> )					
NAME:					
ADDRESS:					
CITY:				STATE:	
ZIP:		PHONE#:		FAX#:	

NAME & ADDRESS OF PRINCIPAL OFFICERS				
NAME	STREET	CITY	STATE	ZIP

PERSON IN DIRECT CHARGE OF CONDUCTING THIS LOTTERY/RAFFLE					
NAME:					
ADDRESS:					
CITY:				STATE:	
ZIP:		PHONE#:		FAX#:	

PERSON(S) RESPONSIBLE FOR THE PROPER UTILIZATION OF THE GROSS RECEIPTS FROM THIS LOTTERY/RAFFLE:					
NAME:					
ADDRESS:					
CITY:				STATE:	
ZIP:		PHONE#:		FAX#:	

Specific nature & type of lottery/raffle to be conducted (*attach sample of ticket to be sold*): \_\_\_\_\_

\_\_\_\_\_

Describe method of selecting winning ticket: \_\_\_\_\_

\_\_\_\_\_

List the specific purpose(s) to which the profits from the conduct of the lottery/raffle are to be devoted: \_\_\_\_\_

\_\_\_\_\_

Price of Each Lottery/Raffle Chance: \_\_\_\_\_

Describe the prizes, money, or merchandise to be given away (be specific-use separate sheet if necessary): \_\_\_\_\_

\_\_\_\_\_

Date Lottery/Lotteries or Raffle(s) will begin & end:

- |          |       |          |       |
|----------|-------|----------|-------|
| 1) _____ | _____ | 2) _____ | _____ |
| From     | To    | From     | To    |
| 3) _____ | _____ | 4) _____ | _____ |
| From     | To    | From     | To    |

How many lotteries/raffles will be conducted during the term of this permit: \_\_\_\_\_

**THE FOLLOWING MUST BE ATTACHED PRIOR TO SUBMITTING TO THE CITY CLERK:**

Please mark off as you attach it:

- \_\_\_\_\_ Proof of applicant’s authority to conduct a lottery/raffle, pursuant to State Law.
- \_\_\_\_\_ On a separate sheet of paper, list all locations within the City of Lincoln where the lottery/raffle tickets (chances) are to be sold.
- \_\_\_\_\_ Sample of Ticket to be sold

ADDITIONAL COMMENTS/EXPLANATION *(use separate sheet if necessary):*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PLEASE NOTE: At the conclusion of *each* lottery described herein, a notarized report fully setting forth the gross amount raised by such lottery & a check for 5% of the gross proceeds shall be placed on file in the Office of the City Clerk.**

\_\_\_\_\_ Date \_\_\_\_\_ Applicant’s Signature

*Applications are available on the City’s web site at “[www.ci.lincoln.ne.us](http://www.ci.lincoln.ne.us)”*

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**FOR OFFICE USE ONLY**

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Date Forwarded to Council: \_\_\_\_\_ Date of Public Hearing before Council: \_\_\_\_\_

Approved: \_\_\_\_\_ Denied: \_\_\_\_\_

Other Conditions:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date Permit Issued: \_\_\_\_\_ Date Permit Expires: \_\_\_\_\_ Receipt #: \_\_\_\_\_

## CITY OF LINCOLN LOTTERY / RAFFLE TAX REPORT

Nebraska Identification #: \_\_\_\_\_

For Quarter Ending: \_\_\_\_\_  
Month Day Year

Licensee's Name: \_\_\_\_\_

Licensee's Address: \_\_\_\_\_

Street (or mailing Address)	City	State	Zip

DATE OF EVENT	GROSS RECEIPTS	PAY-OUTS	TOTAL TAX DUE (5% of Gross Receipts)
<b>TOTAL FOR QUARTER REPORTING:</b>			

***Please sign & date with proper Identification in front of a Notary Public.***

Authorized Signature

Title

Date

Subscribed & sworn to before me, a Notary Public, as a true & correct statement.

Date this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

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Notary Public